

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/10/2019
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 10/8/19 through 10/10/19. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 130 certified bed facility was 119 at the time of the survey. The survey sample consisted of 44 current resident reviews and 5 closed record reviews.	F 000	State citation F 001 It is the practice of this facility to maintain required documentation for employee records	
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-140. Policies and Procedures. Cross reference to F572, F574, F578, F730, F880 12VAC5-371-150. Resident Rights. Cross reference to F572, F574 12VAC5-371-180. Infection Control. Cross reference to F880 12VAC5-371-200. Director of Nursing. Cross reference to F658, F730 12VAC5-371-210. Nurse Staffing. Cross reference to F730 12VAC5-371-250. Resident Assessment and Care Planning. Cross reference to F641 12VAC5-371-260. Staff Development and	F 001 F572 F574 F578 F730 F880 F572 F574 F880 F658 F730 F730 F641 F260	12VAC5-371-140. Policies and Procedures. Cross reference to F572, F574, F578, F730, F880 see plan of correction 12VAC5-371-150. Resident Rights. Cross reference to F572, F574 see plan of correction 12VAC5-371-180. Infection Control. Cross reference to F880 see plan of correction 12VAC5-371-200. Director of Nursing. Cross reference to F658, F730 see plan of correction 12VAC5-371-210. Nurse Staffing. Cross reference to F730 see plan of correction 12VAC5-371-250. Resident Assessment and Care Planning. Cross reference to F641 see plan of correction 12VAC5-371-260. Staff Development and see plan of correction	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Ba Greene

TITLE

Administrator

(X6) DATE

11/15/19

STATE FORM

6000

4J4211

If continuation sheet 1 of 4

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F 001	Continued From page 1 Inservice Training. Cross reference to F730 12VAC5-371-220. Nursing Services cross reference to F686. 12VAC5-371-300. Pharmaceutical Services cross reference to F761. 12VAC5-371-370. Maintenance and Housekeeping cross reference to F584. 12VAC5-371-250. Resident Assessment and Care Planning Cross reference to F656. 12VAC5-371-220. Quality of Care Cross reference to F684. 12VAC5-371-220. Nursing Services Cross reference to F688 12VAC5-371-140. Policies and Procedures. 12VAC5-371-140 E(3)(A) 12VAC5-371-140 E(3)(B) 12VAC5-371-210. Nurse Staffing. 12VAC5-371-210 (E) 32.1-126.01. Employment for compensation of	F 001	Inservice training. Cross reference to F730 see plan of correction		
		F686	12VAC5-371-220. Nursing Services cross reference to F686 see plan of correction		
		F761	12VAC5-371-300. Pharmaceutical Services cross reference to F761 see plan of correction		
		F584	12VAC5-371-370. Maintenance and Housekeepings cross reference to F584 see plan of correction		
		F656	12VAC5-371-250. Resident Assessment and Care Planning cross reference to F656 see plan of correction		
		F584	12VAC5-371-220. Quality of Care cross reference to F584 see plan of correction		
		F688	12VAC5-371-220. Nursing Services cross reference to F688 see plan of correction		
		371 -140	12VAC5-371-140. Policies and Procedures 12VAC5-371-140 E(3)(A) 12VAC5-371-140 E(3)(B) see plan of correction		
		371-210	12VAC5-371-210. Nurse Staffing 12VAC5-371-210 E		

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F 001	<p>Continued From page 2</p> <p>persons convicted of barrier crimes prohibited; criminal records check required; suspension or revocation of license. 32.1-126.01 (A)</p> <p>Based on facility documentation review and staff interview, facility staff failed to maintain a complete employee file for 1 of 25 employee records reviewed, for Administrative Staff Member (ASM) #2, the Director of Nursing.</p> <p>For ASM #2, facility staff failed to evidence any of the required documentation for the employee's record, as the record itself could not be found.</p> <p>The findings included:</p> <p>A review of employee records was conducted beginning on the afternoon of 10/09/2019. 1 of the 25 records requested by surveyors was that of ASM #2, the Director of Nursing. By the morning of 10/10/2019, facility staff had produced all but one record, that of ASM #2. This surveyor spoke with Other Staff Member (OSM) #5, the Director of Human Resources. When asked where the final employee file was, OSM #5 stated that they were having trouble locating in, as the Human Resources staff had recently changed offices. This surveyor stated that the survey process could not be delayed any further waiting on the record, but that if staff located the record after the survey team's exit, they should contact supervisory staff at the State Agency to provide evidence of the required documentation. OSM #5, and Administrative Staff Member (ASM) #4, the Clinical Regulatory Vice President, agreed to do so.</p> <p>ASM #1, the facility Administrator, and ASM #2,</p>	F 001	<p>I</p> <p>The missing completed employment file for the DON was located in HR office. It was faxed to the State on 10/25/19</p> <p>II</p> <p>The HR Director or designee will complete an audit of employee files to ensure that each employee has a complete file in the HR office. All files will be completed and filed alphabetically within 7 days of hire. A new employee log will be kept tracking files completion</p> <p>III</p> <p>The facility Administrator will provide education to the HR director on completion of and maintaining HR files</p> <p>IV</p> <p>The HR director will provide the facility Administrator with a list of newly hired staff weekly which the facility administrator will use to complete random audit</p> <p>V</p> <p>The facility alleges compliance of these tasks on or before 11/8/2019</p>	

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F 001	Continued From page 3 the Director of Nursing, were informed of the findings at the end of day meeting on 10/10/2019. No further information was provided. No information was sent after survey to the State Agency supervisory staff.	F 001		

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